

SERFF Tracking Number: ANTX-127113577 State: Arkansas  
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 48421  
 Company Tracking Number:  
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only  
 Expense  
 Product Name: Autism Amendment  
 Project Name/Number: /

## Filing at a Glance

Company: Standard Life and Accident Insurance Company

Product Name: Autism Amendment

SERFF Tr Num: ANTX-127113577 State: Arkansas

TOI: H15G Group Health -

SERFF Status: Closed-Approved- State Tr Num: 48421

Hospital/Surgical/Medical Expense

Closed

Sub-TOI: H15G.002 Large Group Only

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Deborah Biediger

Disposition Date: 04/12/2011

Date Submitted: 04/06/2011

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Arkansas state mandated coverage not applicable in any other state.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 04/12/2011

State Status Changed: 04/12/2011

Deemer Date:

Created By: Deborah Biediger

Submitted By: Deborah Biediger

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

In compliance with HB 1315, effective 10/01/11, we are filing an amendment to our affected out of state group association plans adding the mandated autism coverage. Rates are unaffected by the addition of this mandate.

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## Company and Contact

### Filing Contact Information

Deborah Biediger, Compliance Analyst deborah.biediger@anico.com  
One Moody Plaza SSH MP, Ste. 200 281-538-4838 [Phone]  
Galveston, TX 77550 409-766-2024 [FAX]

### Filing Company Information

Standard Life and Accident Insurance Company CoCode: 86355 State of Domicile: Texas  
One Moody Plaza, SSH MP, Ste. 200 Group Code: 408 Company Type: Health Insurance  
Galveston, TX 77550 Group Name: State ID Number:  
(281) 538-4842 ext. [Phone] FEIN Number: 73-0994234

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Life and Accident Insurance Company	\$100.00	04/06/2011	46318992

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/12/2011	04/12/2011



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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment for Arkansas Residents	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: SLA-AutAmend (AR)

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/12/2011	SLA-AutAmend (AR)	Policy/Cont Amendment for Fraternal Arkansas Residents al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			SLA-AutAmend (AR).pdf

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY**  
**HOME OFFICE: ONE MOODY PLAZA**  
**GALVESTON, TEXAS 77550**

**AMENDMENT FOR ARKANSAS RESIDENTS**

The Policy or Certificate to which this Amendment is attached is hereby revised as follows. This Amendment applies to a Covered Person who is a resident of Arkansas on the Policy Date and on the date a claim is incurred. This Amendment is effective on the latter of the Policy or Certificate Date or the Effective Date, shown below. This Amendment is subject to all provisions, terms, definitions, and limitations of the Policy, which do not conflict with the provisions of this Amendment.

**Effective October 1, 2011, the following is added:**

The following definitions apply to the Autism Spectrum Disorders benefit:

Autism Spectrum Disorders - Any of the pervasive developmental disorders as defined by the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders", including:

1. Autistic disorder;
2. Asperger's disorder; and
3. Pervasive developmental disorder not otherwise specified.

Applied Behavior Analysis – The design, implementation, and evaluation of environmental modifications by a board-certified behavior analyst using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

Autism services provider – A person, entity, or group that provides diagnostic evaluations and treatment of autism spectrum disorders, including licensed physicians, licensed psychiatrists, licensed speech therapists, licensed occupational therapists, licensed physical therapists, licensed psychologists, and board-certified behavior analysts.

Board-certified behavior analyst – An individual certified by the nationally accredited Behavior Analyst Certification Board, a nationally accredited nongovernmental agency that certifies individuals who have completed academic, examination, training, and supervision requirements in applied behavior analysis.

Diagnosis – Medically necessary assessment, evaluations, or tests to diagnose whether or not an individual has an autism spectrum disorder. Diagnostic evaluations do not need to be completed concurrently to diagnosis autism spectrum disorder.

Evidence-based treatment – Treatment subject to research that applies rigorous, systematic, and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.

Medically necessary – Reasonably expected to do the following:

1. Prevent the onset of an illness, condition, injury or disability;
2. Reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; or
3. Assist to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and the functional capacities that are appropriate for individuals of the same age;

Pharmacy care - Medications prescribed by a licensed physician and any health-related services deemed medically necessary to determine the need or effectiveness of the medications.

Psychiatric care – Direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

Psychological care - Direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

Therapeutic care – Services provided by licensed speech therapists, occupational therapists, or physical therapists.

## BENEFIT

Reasonable and Customary Charges for treatment of Autism Spectrum Disorders for a dependent child covered by the Policy who is less than eighteen (18) years of age. This treatment includes the following care prescribed, provided, or ordered for a specific individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed psychologist who determines the care to be medically necessary and evidence-based including without limitation:

1. Applied behavior analysis when provided by or supervised by a Board Certified Behavior Analyst;
2. Pharmacy care;
3. Psychiatric care;
4. Psychological care;
5. Therapeutic care; and
6. Equipment determined necessary to provide evidence-based treatment; and
7. Any care for an individual with autism spectrum disorder that is determined by a licensed physician to be:
  - a. Medically necessary; and
  - b. Evidence based.

Applied behavior analysis services will:

1. Have an annual limitation of fifty thousand dollars (\$50,000); and
2. Be limited to children under eighteen (18) years of age.

Coverage is not subject to:

1. Any limits on the number of visits an individual may make to an autism services provider; or
2. Dollar limits, deductibles or coinsurance provisions that are less favorable than those applicable to illnesses in general under the Policy.

The Company will not request reviews of the medical necessity of treatment for Autism Spectrum Disorders to a greater extent than it does for other illnesses.

Except as stated in this Amendment, nothing contained in this Amendment will be held to change, waive or extend any provisions of the Policy or Certificate. This Amendment expires when coverage under the Policy or Certificate expires, unless while coverage under the Policy or Certificate is still in force, a Covered Person(s) moves to a state other than Arkansas. In such case, this Amendment terminates for such Covered Person(s) as of the next premium due date after the change of residency.

Signed on behalf of Standard Life and Accident Insurance Company at Galveston, Texas.

A handwritten signature in black ink, appearing to read "J. Mark Flippin". The signature is fluid and cursive, with the first name "J. Mark" and last name "Flippin" clearly distinguishable.

Secretary



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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	04/12/2011
<b>Comments:</b>	Flesch certification		
<b>Attachment:</b>	READ - slaico.pdf		
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	Approved-Closed	04/12/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	04/12/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY  
ONE MOODY PLAZA  
GALVESTON, TEXAS

READABILITY CERTIFICATION

We hereby certify that form(s) SLA-AutAmend (AR) has achieved a Flesch scale readability score that meets the minimum reading ease score as required by the state of Arkansas.

  
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James P. Stelling  
Vice President , Health Compliance

Date: April 6, 2011  
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